

SPARTAN MANAGEMENT LLC

7028 Heege Road ▪ Suite 100 ▪ St. Louis ▪ MO ▪ 63123 / PO Box 270271 ▪ St. Louis ▪ MO ▪ 63127
Email: info@spartanmanagementllc.com ▪ Website: www.spartanmanagementllc.com
Phone: (314) 729-0479 ▪ Fax: (314) 842-2772

LEASE APPLICATION

(1 Per Adult - Please Fill Out Completely)

Property: _____ Apt #: _____ Anticipated Move-In Date: ____/____/____

Preferences: **Unit Type:** 1 Bed 2 Bed **Floor:** 1st Floor 2nd Floor

PERSONAL

Last Name: _____ First Name: _____ Middle Initial: _____

Birth Date: _____ Driver's License/State ID Number: _____ State: _____

SSN#: _____ - _____ - _____ Phone Number: (____) _____

Email: _____

- Have you ever been **charged** with a violent, drug, or sex related crime: Yes No – If yes, please explain below.
- Have you ever been evicted or sued by a landlord for not paying rent: Yes No – If yes, please explain below.
- Have you ever broken a lease or refused to pay rent: Yes No – If yes, please explain below.
- We no longer allow indoor smoking of any type, including medical marijuana. Do you agree to comply with this requirement? Yes No
- Is your monthly income at least 3 times rent: Yes No - If no, discuss with property manager.
- Are you military, police, or fire(active or retired): Yes No – If yes, provide proof and take 5% off the rent.

Additional Occupants/Comments - All applicants 18 and over must fill out a separate application. (Please list below each individual as well as relationship and age, including children):

RESIDENCE HISTORY

Current address: _____ City: _____ State: _____ Zip: _____

How long: _____ Do you currently: Rent Own? What is your current monthly rent/mortgage payment:\$ _____

Are your payments current: Yes No How many late payments have you had: _____ Amount of current security deposit:\$ _____

Reason for moving: _____

Name of Current Landlord/Mortgage Lender: _____ Phone: _____

Previous address: _____ City: _____ State: _____ Zip: _____

How long: _____ Reason for moving: _____

Was your full security deposit returned: Yes No How many late payments did you have: _____ Monthly payment:\$ _____

Name of Previous Landlord/Mortgage Lender: _____ Phone: _____

-----FOR OFFICE USE ONLY-----

Date: ____/____/____ Approved Declined: _____

Deposit: \$ _____ Rent: \$ _____ One-time Charges: _____

Specials/Comments: _____

INCOME

Your GROSS monthly income from ALL sources before taxes is: \$ _____

My source(s) of income is/are identified below (check all that apply and enter respective amounts):

Employment \$ _____ Unemployment \$ _____ Disability \$ _____
 Grants \$ _____ Scholarships \$ _____ Loans \$ _____ Other (explain below) \$ _____

My current work status is: Full-time Part-time Student Retired Self-employed Unemployed Disabled

Name of Primary Employer: _____ Phone: _____

Position: _____ Length of employment: _____

Monthly salary: _____ Supervisor's name: _____

Name of Secondary Employer: _____ Phone: _____

Position: _____ Length of employment: _____

Monthly salary: _____ Supervisor's name: _____

Additional Income (this section is optional):

If there are additional sources of income such as child support, alimony, food stamps, etc. you wish to have considered, please list below.

Additional source: _____ Monthly Income: \$ _____

Contact person: _____ Phone: _____

Is it anticipated that this source will continue throughout your residency with us: Yes No

VEHICLES/CREDITORS

Vehicle Make/Model/Color/Year: _____

Vehicle tag (must be current): _____ State: _____ Is your vehicle: Owned Financed Leased

Financed/Leased through: _____ Monthly Payment: \$ _____

Please list all other significant monthly payment obligations and amounts that may not show up on your credit report: _____

PERSONAL REFERENCE

Name: _____ Phone: _____

Relationship: _____ How Long: _____

HOW DID YOU HEAR ABOUT US

Drive-by Our Signage Billboard Our Website
 Internet Posting – ForRent.com Craigslist Apartments.com Rent.com Other _____
 Referral by Existing Resident – Name (must be listed here for referral fee): _____

EMERGENCY CONTACT

(This Must Be Filled Out)

In the event you would be unable to make a rent payment due to an emergency/illness/loss of employment/vacation/unforeseen event, please identify a relative, friend, or agency that we can contact and would be willing to assist you?

Name: _____

Address: _____

Relationship: _____ Phone: _____ Alt. Phone: _____

PETS

Do you have a pet: No Yes – If yes, please see the restrictions and additional fees and rent requirements below.

- The following breeds and mixes are prohibited – Pit Bulls/Rottweilers/Pincers/Shepherds/Staffordshire Terriers, Great Danes, etc.
- All snakes and large reptiles are prohibited. Venemous reptiles are strictly prohibited.
- Be sure to discuss your dog with the property manager ahead of time to avoid problems after moving in.
- Weight restrictions for dogs vary by property. Discuss with the property manager.
- Shot records must be provided prior to lease signing. Cats must be spayed/neutered.
- Add \$35 per month per pet. There is a limit of 2 pets.
 - Pet #1: Dog Cat - Type: _____ Weight: _____ Color: _____
 - Pet #2: Dog Cat - Type: _____ Weight: _____ Color: _____

MOVE-IN COSTS & MONTHLY RENT RECAP

(To Be Filled Out By Applicant)

One-time Move-in Costs/Deposits:

\$ _____ - Refundable Security Deposit *(if applicable-discuss with manager)*

\$ _____ - Pet Fee *(pet deposit not currently required)*

\$ _____ - Other *(additional deposit, if required)*

\$ _____ - **Total Security Deposit**

Monthly Costs:

\$ _____ - Base Rent

\$ _____ - Monthly Pet Charge – *(if applicable-see above)*

\$ _____ - Misc Charges – *(specify: _____)*

\$(_____) - Credits – 5% Military/Police/Fire Discount / \$5 Renter's Insurance Discount *(Ask for details)*

\$ _____ - **Total Monthly Rent**

Specials/Promotions/Discounts Agreed to with Manager: _____

THANK YOU

Thank you for completing our application and considering us for your new home. Please note that a completed application requires some or all of the following *(check all that apply)*:

- Application fee** – \$30 per adult – Amount Enclosed: \$ _____ Check/Credit/Debit/MO-**(Payable to the specific property)**
- Copy of driver's license or government ID** – This can be done at the leasing office.
- Proof of income** – Needed with application – Pay Stub/Disability Statement/Social Security Statement/Etc.
- Proof of military service** – If applicable.
- Pet shot records** – If pet(s) are included in lease.
- Co-signer agreement and application fee** – If applicable.
- Signature below**

The non-refundable application fee is required and will be used to verify some or all information contained herein. By signing below, applicant authorizes Spartan Management LLC and/or its assigns to verify, now and in the future, the information provided above using all legal means and represents all above information is true and accurate. If it is determined that information provided above was intentionally falsified, resident will forfeit entire security deposit. Your personal information is never used outside of our office, sold, traded, or otherwise given out except for delinquent rent collection purposes.

SIGNATURE: _____

DATE: _____

(The Application Must Be Signed To Be Processed-Anyone Under 18 Cannot Apply For Housing)



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LEASING POLICIES & APPROVAL STANDARDS

Please find listed below our application policies and approval requirements. The items below establish the minimum requirements needed to be approved for the rental unit for which you are applying.

Application and Leasing Policies

1. There is a non-refundable application fee of \$30 per person, including each co-signer and it must be paid with cash, credit, debit, or money order.
2. Every applicant must fill out and submit an application. Applicants must be at least 18 years of age.
3. Advertised rates are based on a 12-month lease; however, shorter lease options are available, generally for an additional fee.
4. Advance rent payments made at move in must be made with cash, money order, credit, debit, or cashier's check.
5. Rent may be split into multiple payments per month for an additional fee. Ask for details.
6. Renter's insurance is optional; however, we offer \$5 off your monthly rent for having it. You must name us as an additional insured. Ask manager for details prior to buying a policy.
7. Approved pets include: cats, most dogs, fish, small caged rodents, caged birds, and small caged reptiles. Snakes, ferrets, raccoons, etc, are prohibited. If you are not sure, please ask before applying or taking in a new pet. See application for additional pet restrictions and requirements.
8. Roommates may not be moved in for at least 3 months. Prior approval from landlord must be obtained and an application and \$30 fee must be submitted prior to approval.

Approval Standards

1. Additional security deposit or prepaid rent may be required up front depending on the results of the credit and background checks.
2. Applicants must be employed or have verifiable income equaling 3 times rent or more before taxes. Income of a lesser amount may require additional security deposit and/or a co-signer.
3. Employment duration of less than 1 year may require additional security deposit.
4. Unemployment income alone will need an employed co-signer and first and last month's rent.
5. Cash only income will need an employed co-signer and first and last month's rent along with proof of employment.
6. Credit scores below 550, if approved, will require additional security deposit and possibly a co-signer.
7. Credit score of less than 475, if approved, will need an employed co-signer and pre-payment will be required.
8. Any drug, violent (rape/murder/attempted rape or murder/assault with a deadly weapon/robbery), and/or sex related felonies or misdemeanors will not be accepted.
9. All other felonies and misdemeanors will be considered by management prior to approval.
10. Current bankruptcies will not be considered. Discharged bankruptcies require first and last month's rent as well as a double deposit.

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CO-SIGNER AGREEMENT

(Please Fill Out If Required By Property Manager)

APPLICANT RELEASE: I hereby authorize management to forward the Co-Signer Agreement to my lease guarantor/co-signer and to communicate with them on my behalf concerning my lease obligations throughout the term of my lease as it may become necessary from time to time.

PRINT Name of Apartment Applicant: _____

SIGNATURE of Apartment Applicant: _____ **DATE:** _____

By signing this Co-Signer Agreement, the undersigned hereby guarantees all obligations of resident under the above Lease Contract. Also by signing this Co-Signer Agreement, the undersigned acknowledges they have read the Lease Contract. This Co-Signer Agreement shall continue and will not be affected by amendments, modifications, roommate changes, unit changes, or renewals of the Lease Contract which may be agreed to from time to time between resident and management. Delay or failure by management to exercise rights, pursue remedies, issue notices, or make demands of you, as Guarantor, shall not be considered a waiver of our rights. All of our remedies under the Lease Contract against the resident apply to Guarantor as well. All residents and Guarantors are jointly and severally liable for the terms of the lease. This Agreement is part of the Lease Contract and shall be performed in the county in which the dwelling unit is located. Co-Signer must live within 90 miles of apartment community being applied for.

Guarantor's Information

Full Name: _____ Date of Birth _____

Address: _____ (must live within 90 miles of property)

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Cell Phone: (_____) _____ Social Security #: _____

Email: _____

Present Employer: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Position: _____ Length on Job: _____ Monthly Salary: _____

GUARANTOR'S SIGNATURE: _____ **DATE:** _____

(A copy of a driver's license or state issued ID, along with \$30, must be included.)